

STATE OF NEW JERSEY - DEPARTMENT OF THE TREASURY  
DIVISION OF PENSIONS AND BENEFITS  
STATE HEALTH BENEFITS PROGRAM

**COBRA RATES FOR AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)**

(ACTIVE STATE EMPLOYERS)  
Rates Effective 3/1/2009 to 12/31/09

PLAN NAME	TYPE OF CONTRACT			
	Single	Member & Spouse*	Family*	Parent & Child
NJ PLUS - #101	\$139.84	\$304.81	\$362.80	\$210.38
TRADITIONAL PLAN - #102	\$276.10	\$590.94	\$703.32	\$407.82
<b><u>HMO PLANS:</u></b>				
AETNA HMO - #119	\$157.39	\$354.13	\$393.48	\$220.34
CIGNA HEALTHCARE HMO - #120	\$158.96	\$357.68	\$397.42	\$222.55
PRESCRIPTION DRUG PLAN - #202	\$43.82	\$98.60	\$109.55	\$61.35
<b><u>DENTAL PLANS</u></b>				
DENTAL EXPENSE PLAN - #399	\$14.75	\$25.64	\$41.95	\$31.08
<b><u>DENTAL PROVIDER ORGANIZATIONS (DPO):</u></b>				
BENECARE - DPO #301	\$8.98	\$15.61	\$25.55	\$18.92
COMMUNITY DENTAL - DPO #302	\$8.57	\$14.91	\$24.38	\$18.06
CIGNA - DPO #305	\$7.70	\$13.40	\$21.92	\$16.24
HEALTHPLEX - DPO #307	\$7.63	\$13.26	\$21.70	\$16.07
HORIZON DENTAL CHOICE - DPO #317	\$6.98	\$12.13	\$19.85	\$14.71
AETNA DMO - DPO #319	\$7.62	\$13.26	\$21.70	\$16.08
VISION CARE	\$0.24	\$0.52	\$0.73	\$0.39

\*Rates above are for subsidy eligible member and dependents. Rate will vary where dependent(s) are not subsidy eligible.